

R.A.F. Form 2520A

AIRMAN



180666

ROYAL AIR FORCE
SERVICE AND RELEASE BOOK

Rank A.C.2. (SGT)

Service Number 1523700

Surname FREEMAN

Initials R.F.E.

Class of Release A

Age and Service Group No. 50.

21-2945

ON HIS MAJESTY'S SERVICE



The Senior Accountant Officer,

No. 101 Dispersal Centre,

Kirkham Royal Air Force,

WARTON NR PRESTON (Post Town)

LANCS. (County)

AIR MINISTRY

NOTIFICATION OF CHANGE OF ADDRESS FOR FINAL PAYMENT OF PAY AND RELEASE BENEFITS

Note to Airman

Final payment will be made to the address which you gave at the time of your release. If, however, you change this address before you receive final payment, you should complete this card and send it to the Disposal Centre from which you were released, about one week before the date indicated in the Notes on Pay and Employment for which see Form 3323/23.

Airman's No. 150 000 Surname FREEMAN
(Block Letters)

Date of Release on Form 192 200 Initials R.F.E

Class of Release A

I desire to inform you that I have changed my address from that given on my release, and I now request that all further payments to be made to me be sent to the following address :-

_____ (Post Town)

_____ (County)

Nearest Post Office
(if known)

Signature of airman

Date _____

CONDITIONS OF RELEASE AND AUTHORISATION

Under the provisions of the Armed Forces (Conditions of Service) Act, 1931, YOU ARE HEREBY RELEASED FROM AIR FORCE SERVICE, or if a member of the Auxiliary Air Force, released from the obligations to which you are subject by reason of embodiment.

This release is subject to and on the following conditions :-

1. You are relegated to a Reserve of the Royal Air Force unless you are a member of the A.A.F. in which case you remain in the A.A.F.
2. You have not by this release been discharged from the Service. You remain liable to recall to Air Force Service until the Emergency is declared ended by Order in Council, when you will be discharged unless you are on an engagement extending beyond that date.
3. If you are recalled by Special Notice full instructions will be given you as to where and when you are to report. If any general notice or proclamation is issued revoking release or recalling the reserve to which you belong, you must immediately follow the Remobilisation Instructions in this Book.
4. You must notify Air Officer in Charge (K Division), Gloucester, of any change in your permanent address both for Service reasons and to ensure that any communications in regard to any medals reach you.
5. If you become medically unfit through any sickness, injury or other disability which renders you unfit for further service and which is not temporary only, you must write to the A.O. in Charge (K Division), Gloucester, enclosing a medical certificate.

RELEASE AUTHORISATION

PART I

To be completed in Unit except when marked**.

Rank RC2. (SGT) Number 1523400
 Initials R.R.E. Surname FREEMAN
(Block Letters)

To be completed
at the Dispersal
Centre

Release of the above-named airman is
 hereby authorised as a Class A release,
 and he is relegated to Class 60 of the
 Reserve.
 The effective date of release (i.e. last day of
 service) is 13.2.46**.

It is hereby certified that the above airman served in the
 R.A.F. on whole-time service during the following periods:

From

To

1.3.436.12.46(Date of departure from
Dispersal Centre)

He is granted 69 days' leave on release commencing the
 day following the date of departure from the Dispersal Centre

N 59

N 59

RELEASE AUTHORISATION

(continued)

PART II

Instructions to Class B releases to report for Employment

You have been released to take up employment

to
 (Industry Group Letter;
 Occupational Classification Number.....)
 and are to report within seven days from your
 departure from this Dispersal Centre to the
 following Employment Exchange
 of _____
 at _____
 with Messrs. _____
 of _____ to
 whom you are to report within seven days from
 your departure from this Dispersal Centre.

You will ordinarily be required to commence work on the
 expiration of your leave, but you may if you desire commence
 at any earlier time.

PART III

Date

**



Dispersal Centre Stamp

for A.O. (E) Records

NOTES ON PAY AND EMOLUMENTS
(continued)

the Director of Accounts, Whittington Road, Worcester, after the books have been cashed for that week. Airman and discharges are required to ensure, irrespective of whether the official notice has been received, that payers return the books at the time stated.

2E. In certain cases however (e.g. Class A releases) a form will be sent to payers from the Air Ministry which, on presentation to the Post Office, will enable them to draw allowances and allotments due for the last four weeks in one lump sum. When payment is made in this manner, the allowance books will be retained by the Post Office for return direct to the Air Ministry. If bulk payment is not authorised the procedure in paragraph 2A is to be followed.

2C. If the book is improperly cashed with your connivance or owing to your negligence, you may be liable to be prosecuted.

K. Any queries on your final payment, or War Gratuity entitlement or Post-War Credit arising after receipt of final payment are to be addressed to the Senior Accountant Officer of the Dispersal Centre at which release was effected quoting the following particulars:—

- (a) Class of release (A, B, or C).
- (b) Date as Stamped below.



REMOBILISATION INSTRUCTIONS

1. Although released you have **NOT BEEN DISCHARGED**.
2. Until you are finally discharged when the Emergency is declared ended by Order in Council you still remain liable to recall to service by public notice or proclamation or by a notice addressed to you personally.
3. If you receive an individual notice you will be sent a travelling warrant with full instructions as to what you are to do and where you are to report.
4. If a public general notice or proclamation is issued revoking release and recalling the reserve of which you are a member, you should immediately prepare yourself to return to duty and watch the Press or Public Notice Boards for further instructions as to when you are to report.
5. You should report at your Remobilisation Station as shown below, in Uniform, bringing with you all service clothing and accessories left in your possession when you were released.
6. You should also bring with you (1) this Book containing your Certificate of Service (2) your National Health and Pensions Insurance Contribution Card (3) your Unemployment Insurance Book (4) your Civilian Identity Card (5) your Service Identity disc. If you cannot get these at once do **NOT** delay but arrange for them to be sent on after you. If you are sick when due to report, you must immediately inform the Officer Commanding the station at which you are to report enclosing a medical certificate. You should report immediately you are fit for duty.

REMOBILISATION INSTRUCTIONS
(continued)

7. Do NOT bring any medals or decorations with you unless you are unable to leave them in safe custody.
8. If you have to travel by rail, use the Travel Warrant in this Book and complete the name of the Railway Station as necessary. If you do not require it, leave it in this Book which must be handed in when you report for duty.
9. If you need money for the journey the money order for 5s. in this Book may be used; present it for payment at any Post Office and produce your Identity Card and you will be paid 5s. which will be adjusted later in your account. (If you do not need the money, hand in the money order on reporting or you will be charged the 5s.).

NOTE: This money order and Warrant can only be used after a Public Notice or Proclamation has been issued; they are not valid till then.

REMOBILISATION STATIONS

If remobilisation or return to duty is ordered by general notice, or proclamation involving release or recalling the Reserve of which you are a member, a list of R.A.F. remobilisation stations will be published in the press and by public notice, showing the particular stations under code letters. Your code letter is shown below, and you should report to the station to which the code letter applies.

Your remobilisation station code letter is—

A.

To be completed at D/O,
To be retained by Post Office.

ROYAL AIR FORCE

**AVAILABLE ONLY ON REMOBILISATION BY
PUBLIC NOTICE OR PROCLAMATION**

To H.M. Postmaster General.

Please pay the sum of 5s. on production of his Identity Card to the airman mentioned below, if and when by Public Notice or Proclamation the R.A.F. Reserve has been called out for further Active Service before the present Emergency is declared ended. The receipt overed must be signed by him.

Surname FREEMAN
(Which Letters)
Christian Name(s) R. E.
Service No. 1523400.
Signature of Airman R. E. Freeman

Stamp of
Paying
Post Office.



Stamp of
Issuing Unit
and Date.

24 M.U. R.A.F.
STONE HEATH.
5 DEC 1946
Please read instructions.

CLEARANCE CERTIFICATE

To be completed at Unit except where marked **

Bank ACZ. (SGT) Number 1523700Initials F.R.E. Surname FREEMAN
(Block Letters)

It is hereby certified that the above-named airman has been cleared of all known charges in respect of delinquencies of public clothing and equipment.

Disposal Centre **
Date StampAccountant Officer
6-DEC1946
No. 108 ABO

TO BE COMPLETED FOR ALL PERSONNEL

Receipt to be signed if and when the Order is cashed. I hereby acknowledge receipt of the sum of 5/- (five shillings) being advance of pay, issued to me on rejoining.

Date.....

NOTICE TO AIRMAN

If this Order is not used, it must be delivered to your Accountant Officer on joining your Unit, otherwise the five shillings will be charged against your pay account.

NOTICE TO POSTMASTER

After payment, this Order must be treated as a Postal Draft and claimed accordingly.

ROYAL AIR FORCE
CERTIFICATE OF SERVICE

SERVICE PARTICULARS

Service Number } 1523400 rank R.C.2. (SGT)

Air Crew Category and/or R.A.F. trade (ACU) / (Pilot) (Pilot)

Air Crew Badges awarded (if any) Pilot

Overseas Service Campania

R.A.F. Character 16 (see notes on back of certificate on opposite page)

Proficiency A 1 RT = 1

" B 1 RT = 1

Decorations, Medals, Claws, Mention in Despatches, Commendations, etc.

Nil.

Educational and Vocational Training Courses and Results

None (no exam)

DESCRIPTION

Date of Birth 19.3.23 Height 5' 4 1/2"

Marked and Seals Nil

Special Crew Signature of Aircrew R. Freeman

This person has served in aircraft in the capacity of Pilot since 28. April 44. He attained the rank of P/O SGT. In accordance with current regulations applicable to all aircrew, he has been promoted to his present rank with effect from 1st July 1946.

R.C.2. (SGT) R.K.E. FREEMAN
(Print Name)

The above named aircrew served in the RAFVR on full-time service.

From 1.3.43 to 5.12.46

(Last day of service to count before leaving for release and release date)

Particulars of his Service are shown in the margin of this Certificate.

Brief statement of any special aptitudes or qualities or any special types of employment for which recommended -

Since ceasing aircrew duties, this airman has been employed in the Equipment Section. He has proved himself to be a willing and capable worker with ability to handle staff.

Sherris
Signature of Officer Commanding

Date 2.12.46

R.A.F. Form 9520/11

SERVICE
AND RELEASEService Number } 1523400. Rank A.C.2. (SGT)Air Crew Category and/or R.A.F. trade (A.C.H. / T.D.M.E. (PILOT))Air Crew Badges awarded (if any) PILOTOverseas Service CANADA.R.A.F. Character VG (see notes on back of certificate on opposite page)Proficiency A 3AT " ")" B 3AT " ")

Decorations, Medals, Clasp, Mention in Despatches, Commendations, etc.

Nil.Educational and Vocational Training Courses and Results RADIO. (No Exam)Date of Birth 19. 3. 33. DESCRIPTION
Height 5' 7 1/2"Marks and Scars NilSpecimen Signature of Airman R. Freemanof A.C.2. (SGT) R.R.E. FREEMAN.
(Full Name)The above-named airman served in the RAEVR
on full-time service.from 1. 3. 43. to 5. 12. 46.

(Last day of service is unit before leaving for release and release leave).

Particulars of his Service are shown in the margin of this Certificate.

Brief statement of any special aptitudes or qualities or any special types of employment for which recommended:—

Since ceasing aircrew duties, this airman has been employed in the Equipment Section. He has proved himself to be a willing and capable worker with ability to handle staff.

Date 2. 12. 46.

Signature of Officer Commanding

Squadron Leader

Notes:—

R.A.F. trade.—For air crew with a trade, show the trade in brackets after the air crew category, e.g., Pilot (Armstrong).

R.A.F. Character during Service:

V.G. is the highest character which can be awarded in the Royal Air Force. The character assessment reflects the airman's conduct throughout the whole of his service.

Proficiency:

The trade proficiency headings A and B signify:—

TRADESMEN

- A. Skill in his trade (applicable to airman up to the rank of Corporal inclusive).
- B. Ability as technical Warrant Officer or Non-commissioned officer, i.e., as foreman, manager, foreman or supervisor in his trade.

AIR CREW PERSONNEL

- A. Proficiency as pilot, navigator, air bomber, air gunner, etc.
- B. Ability as a Warrant Officer or Non-commissioned officer.

Proficiency will be shown as

- Ex. for exceptional
- Supr. for superior
- Sat. for satisfactory
- Mod. for moderate
- Inf. for inferior

} No higher or other assessment is permissible.

The date to be inserted as the date of commencement of service is the date on which the airman reported for service, was called up from deferred service, called out or embodied as applicable.

To be detached only by Booking Clerk and exchanged for Ticket.
RECALL TO SERVICE OF AN AIRMAN ON REMOBILISATION
 (To be completed in Civil except where marked)**

TRAVEL WARRANT

R.A.F.
 2nd Class

Charges payable by Air Ministry (F36)

The Directors of the Railway Company or Shipping Company concerned are hereby requested to provide conveyance for one airman by the recognised direct route to _____**

N.B.—The airman concerned may only use this warrant if and when public notice of proclamation has been issued calling out the Reserve.

Airman's Number 1533400.

Stamp of
 Despatch
 Centre **

Surname FREEMAN.
(Print Letters)

Initials KRE.

Particulars of Ticket noted, to be filled in by Railway/Shipping Co.



Notes on R.A.F. Form 2830/43
MPE 284

CLAIM FOR DISABILITY PENSION—(AIRMAN)

THE ATTACHED FORM is to be used only if you claim to be suffering from a disability attributable to or aggravated by WAR SERVICE. You may complete it at any time WITHIN 4 MONTHS after the date you ceased to draw service pay.

When completed the form should be sent to the Air Officer (i.e. R.A.F. Record Office, Gloucester.

If there is insufficient space on the form further explanations or answers can be written on a plain sheet of paper which you must SIGN and attach firmly to the form.

Any pension granted on this application will commence on the day following cessation of service pay.

After 4 months from the cessation of service pay, any claim to pension must be made on a different form to be obtained from the nearest office of the MINISTRY OF PENSIONS, the address of which can be obtained at the local Post Office.

This form is to be used only if you claim to be suffering from a disability attributable to or aggravated by War Service. You may complete it at any time within 4 months after the date you ceased to draw service pay. When completed the form should be sent to the Air Officer (i.e. R.A.F. Record Office, Gloucester). If there is insufficient space on the form further explanations or answers can be written on a plain sheet of paper which you must sign and attach firmly to the form. Any pension granted on this application will commence on the day following cessation of service pay. After 4 months from the cessation of service pay, any claim to pension must be made on a different form to be obtained from the nearest office of the Ministry of Pensions, the address of which can be obtained at the local Post Office.

R.A.F. Form 2520/18
M2B 281

CLAIM FOR DISABILITY PENSION—AIRMAN

1. Surname FREEMAN. 2. Service No. 1523400.
(BLOCK LETTERS)
3. Christian Names Ralph Reginald Ernest
4. Rank ACC (SGT) 5. Unit/Group 2H. MU/43
6. Date of Release _____
7. Have you served in the Armed Forces before the present War and been discharged?
(“Yes” or “No”) _____ If “Yes” give particulars below:—

Former Regt. Corps or Ship, etc.	Army or Official Number	Date of Discharge	Cause of Discharge	Particulars of Pension (if any) for disablement or service

8. Give particulars of your wife and children now under 16 years of age for whom you received family allowances at any time during service:—

(b) Wife's present or former marriage: _____
(c) CHILDREN: _____
Full Christian Names (and sur. name where different) _____ Date of birth _____
_____ Date of birth _____

9. Give particulars of any child born after release: _____
Name/s _____
Date/s of birth _____

PARTICULARS OF CLAIM

The following questions should be answered with care. The answers will assist in the enquiries to be made of official records. Incomplete answers may delay the consideration of your claim.

QUESTION	ANSWER
10. What is the disability for which you claim pension? If a wound or injury state when and where received and part of body injured.	
11. Give the names of the hospitals or other places at which you received treatment during service for the disability and the dates as nearly as you can.	

...to the ... of the U.S. ...
or other out-patient treatment can be obtained.

address of any doctor, hospital, etc., from
which you received treatment. Give
other complaints since release? If so,
state nature of complaint and name and
address of doctor or hospital with first and
last dates of attendance.

Signature Date

Any person knowingly
making a false state-
ment will be liable
to prosecution.

Address

Address (if different from
above) to which you desire the
result of your claim to be sent

..... Date

Witness to signature
(Any householder)

Address of Witness

..... of applicant

advice as to the nearest military or R.A.F. hospital, and any first aid, day or other out-patient treatment can be obtained.

PART VI to be completed by Doctor providing treatment who should also detach the form and send it to the Insurance Committee (in Northern Ireland to the Ministry of Labour, Palace Grounds, Armagh, Northern Ireland), for the area in which the insured person is staying.

- * The person named overleaf who was not on my list immediately before serving in H.M. Forces is accepted as from to-day as a temporary*/permanent* resident.
- * The person named overleaf who states that he was on my list immediately before serving in H.M. Forces has to-day applied to me for treatment.

Date Signature

* Delete where not applicable.

If doctor is to supply drugs he should enter DR here	If doctor claims mileage he should enter mileage distance here
--	--

R.A.F. Form 2520/18
MPB 281
(continued)

CLAIM FOR DISABILITY PENSION—AIRMAN

(continued)

12. IF YOU CLAIM SOLELY IN RESPECT OF A WOUND OR INJURY, YOU NEED NOT ANSWER ANY OF THE FOLLOWING QUESTIONS—but this claim form must be signed and dated.

QUESTION	ANSWER
13. (a) When did you first suffer from the disability ?	(a)
(b) If before your war service when did you first notice the effects of war service on it ?	(b)
14. State what particular incidents or conditions of service you consider caused or worsened the disability.	
15. (a) In which Unit were you then serving ?	(a)
(b) Where were you stationed ?	(b)
(c) What was the precise nature of your duties at the time ?	(c)
16. If you suffered from the disability before joining the Forces, give the name and address of any doctor, hospital, etc., from whom you received treatment. Give approximate dates.	
17. Have you been treated for the above or any other complaint since Release ? If so, state nature of complaint and name and address of doctor or hospital with first and last dates of attendance.	

Signature Date

Any person knowingly making a false statement will be liable to prosecution.

Address

Address (if different from above) to which you desire the result of your claim to be sent

Witness to signature Date

(Any householder)
Address of Witness

and signature of applicant

8. Give particulars of any child born after release

Name _____

Weight of birth _____

Date of birth _____

PARTICULARS OF CLAIM

The following questions should be answered with care. The answers will assist in the preparation to be made of official records. Incomplete answers may delay the consideration of your claim.

QUESTION

10. What is the disability for which you claim pension?
If a wound or injury state when and where received and part of body injured.

ANSWER _____

11. Give the names of the hospitals or other places at which you received treatment during service for the disability and the nature as nearly as you can give.

(Signature position)

If doctor is on supply design he should enter D/S here _____	If doctor claims although he should enter rank/grade division here _____
--	--

* Print name and app/grade

Name _____

Signature _____

- * This person named overhead who was not on my list immediately before serving in H.M. Forces is included as from to-day as a temporary "permanent" resident.
- * The person named overhead who states that he was on my list immediately before serving in H.M. Forces has to-day applied to me for treatment.

FORM 91 to be completed by doctor providing treatment who should also attach the form and send it to the Insurance Committee (via Northern Postal) to the Ministry of Labour, Folkestone, through Southern Railway, for the area in which the insured person is employed.

9. Give particulars of any child born after release Name/s
Date/s of birth

PARTICULARS OF CLAIM

The following questions should be answered with care. The answers will assist in the enquiries to be made of official records. Incomplete answers may delay the consideration of your claim.

QUESTION	ANSWER
10. What is the disability for which you claim pension? If a wound or injury state when and where received and part of body injured.	
11. Give the names of the hospitals or other places at which you received treatment during service for the disability and the dates as nearly as you can.	

(continued overleaf)

R.A.F. Form 2520/13

Part II to be completed at Unit.
Part III to be completed at Dispersal Centre.

PART I.
Instructions to Released Person.

**MEDICAL TREATMENT AFTER LEAVING
DISPERSAL CENTRE**

You are now entitled to medical benefit under the National Health Insurance Acts, and a medical card telling you how to get treatment will be sent to you as soon as possible. Medical benefit includes free treatment from an insurance doctor at his surgery, or if your condition requires it, at your home, and free medicine.

If you go back to live in your old district and had an insurance doctor before you joined up you will be restored to his list if he is still in practice himself or by deputy.

If you fall ill before the medical card comes, fill in the application below and hand this book to your previous insurance doctor (or, if absent, his deputy). If you did not have an insurance doctor before you joined up or if you go to live in another part of the country, apply to any insurance doctor. You can see a list of insurance doctors at the local Post Office. Do not detach the form from the book. The doctor will do this. Turn over for information about hospital treatment.

Form Med. 50A

PART II to be completed at Unit.

Rank A.C.2 / SGT. Number 1533700.
 Initials R.R.E. Surname FREEMAN.
 Date of birth 19. 3. 23. Sex MALE.

PART III to be completed at Dispersal Centre
(Dispersal Centre Date Stamp)

The above-named person departed from this Dispersal Centre on



PART IV

Available for three months from date of leaving Dispersal Centre

To be completed by released person ONLY if needing medical treatment before a medical card is received.

I have not received a medical card since leaving the Dispersal Centre and I hereby apply for a medical card to be issued to me.

Delete as may be necessary { I was on the list of Dr. _____ immediately before I was mobilised or called up for service.
 I was not on the list of a doctor in the district where I am now, and I desire to be placed on the list of _____ (Insert name of doctor or approved institution)

My present address is _____

Do you intend to leave this district within three months from the date hereof?

If so, when? _____

(Continued overleaf)

FOR ALL AIRMEN

Take the utmost care of this book which contains your Certificate of Service. The Certificate cannot be replaced when loss is due to any action or negligence on your part. You should not part with your Certificate of Service, but if you desire to give anyone full particulars of your service, make a copy.

WARNING.—You are reminded that the unauthorized communication by you to any person at any time of any information you may have acquired while in H.M. Service which might be useful to an enemy renders you liable to prosecution under Official Secrets Acts 1911 and 1920.

In case of death, next-of-kin are requested immediately to inform A.O. (s) Records, R. Division, Gloucester.

Name of Approved Society* (if any)
(if a deposit contribution order "D.C.O.")

Name of Branch (if any) of Society

Membership number

_____ (Signature of Released Person)

Date

* If you were a member of an Approved Society before you were mobilised or called up for service, or if you joined an Approved Society during service, your membership is still effective.

PART 4

HOSPITAL TREATMENT DURING RELEASE LEAVE

If you need hospital treatment before the end of your leave you should show this book to your doctor and if he is of opinion that such treatment is necessary he will advise you as to the steps to be taken to obtain that treatment. You should show this Release Book to the hospital authorities when admitted to or attending hospital for treatment.

For the information of the doctor.

NOTIFICATION OF CHANGE OF ADDRESS AFTER RELEASE

Book AC 2 (S.E.T.) Number 1593700.

Initials FRE Surname FREEMAN
(IN BLOCK LETTERS)

I have to inform you that I have changed my permanent
address which now is—

Insert
Full
Postal
Address
in
Block
Capital

_____ (Post Town)

_____ (County)

Date _____ Signature _____

Anyone finding this book is
requested to hand it in to the
nearest Police Station or for-
ward in an UNSTAMPED
envelope to:—

Air Officer i/c Records.

Royal Air Force,

GLOUCESTER.